

<h2 style="margin: 0;">TRANSMITTAL FORM</h2> <p style="font-size: small; margin-top: 10px;">(to be used for all correspondence after initial filing)</p>	Application Number	10/777,562	
	Filing Date	February 12, 2004	
	First Named Inventor	Donald R. Loveday	
	Art Unit	1796	
	Examiner Name	William K. Cheung	
Total Number of Pages in This Submission	12	Attorney Docket Number	1999U027.RE.US

ENCLOSURES <i>(Check all that apply)</i>		
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment / Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts / Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Amendment Transmittal Letter
<div style="border: 1px solid black; height: 20px; width: 100px; margin-bottom: 5px;"></div> Remarks		
SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT		
Firm Name	Univation Technologies, LLC Customer No. 25959	
Signature	/Leandro Arechederra, III/	
Printed name	Leandro Arechederra, III	
Date	May 18, 2009	Reg. No. 52,457

CERTIFICATE OF TRANSMISSION/MAILING			
I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below:			
Signature	N/A		
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AMENDMENT TRANSMITTAL LETTER (Large Entity)				Docket No. 1999U027.RE.US	
Applicant(s): Donald R. Loveday et al.					
Application No. 10/777,562	Filing Date February 12, 2004	Examiner William K. Cheung	Customer No. 25959	Group Art Unit 1796	Confirmation No. 1101
Invention: Mixed Catalyst Compounds, Catalyst Systems and Their Use in a Polymerization Process					
<u>COMMISSIONER FOR PATENTS:</u>					
Transmitted herewith is an amendment in the above-identified application.					
The fee has been calculated and is transmitted as shown below.					
CLAIMS AS AMENDED					
	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST # PREV. PAID FOR	NUMBER EXTRA CLAIMS PRESENT	RATE	ADDITIONAL FEE
TOTAL CLAIMS	12 -	55 =	0	x \$52.00	\$0.00
INDEP. CLAIMS	1 -	4 =	0	x \$220.00	\$0.00
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					\$0.00
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT					\$0.00
<input checked="" type="checkbox"/> No additional fee is required for amendment. <input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of _____ <input type="checkbox"/> A check in the amount of _____ to cover the filing fee is enclosed. <input checked="" type="checkbox"/> The Director is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account 50-0589 <input checked="" type="checkbox"/> Any additional filing fees required under 37 C.F.R. 1.16. <input type="checkbox"/> Any patent application processing fees under 37 CFR 1.17. <input type="checkbox"/> Payment by credit card. Form PTO-2038.					
WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.					
_____ /Leandro Arcechederra, III/ <i>Signature</i>			Dated: May 18, 2009		
Leandro Arcechederra, III Registration No. 52,457 Univation Technologies, LLC 5555 San Felipe Suite 1950 Houston, Texas 77056			I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to "Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450" [37 CFR 1.8(a)] on _____ N/A (Date) _____ N/A Signature of Person Mailing Correspondence _____ N/A Typed or Printed Name of Person Mailing Correspondence		
CC:					